

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-55964P

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
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25	1					
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39						
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41						
42						
43						
44	1	1				
45		1				
46		1				
47		1				
48						
49						
50						
TOTAL IND.	21		21		21	
TOTAL DEP.	21		21		21	
TOTAL CLAIMS	23		23		23	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.			21		21	
TOTAL DEP.			21		21	
TOTAL CLAIMS	23		23		23	